FEC FORM 2 (REV. 02/2003)

# FEC FORM 2

08 DEC 31 AMII: 19 STATEMENT OF CANDIDACY 1. (a) Name of Candidate (in full) Al Franken Check if address changed 2. Identification Number (b) Address (number and street) S8MN00438 P.O. Box 583144 Amended 3. Is This (c) City, State and ZIP Code New Statement MN Minneapolis 6. State & District of Candidate 5. Office Sought 4. Party Affiliation **DEMOCRATIC-FARM-LABOR** Senate **DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE** 2008 election(s). 7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Al Franken for Senate (b) Address (number and street) P.O. Box 583144 (c) City, State and ZIP Code 55458 Minneapolis **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) 8.1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Committee for a Better Future (b) Address (number and street) 426 C Street NE (c) City, State and ZIP Code 20002 DC Washington DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only) 9.1 intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by 0.00 for the primary election, and 9A 0.00 for the general election. 9B If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each. I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. Date Signature of Candidate Al Franken NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.

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I hereby authorize candidacy.

I hereby authorize candidacy.

DESI	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
ereby authorize the following named comm candidacy.	nittee, which is NOT my principal campaign committee, to receive and expend fun	ds on behalf of my
NOTE:This designation should be file	ed with the principal campaign committee.	•
(a) Name of Committee (in full)		
Secure Our Senate		i .
(b) Address (number and street)		
426 C Street NE - Rear Bldg.		ł
(c) City, State and ZIP Code		
Washington	20002	
DESI	GNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ ADDITIONAL ]
ereby authorize the following named comm	nittee, which is NOT my principal campaign committee, to receive and expend fun	ds on behalf of my
candidacy.		T .
NOTE:This designation should be file	ed with the principal campaign committee.	
(a) Name of Committee (in full)		
Voices for a Senate Majority		I I
(b) Address (number and street)		1
120 Maryland Ave NE		
(c) City, State and ZIP Code		l .

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

A New Voice for Minnesota

(b) Address (number and street) 120 Maryland Ave NE

(c) City, State and ZIP Code

Washington

Washington

20002

20002

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<b>DESIGNATION OF OTHER A</b>	UTHORIZED	COMMITTEES
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(Including Joint Fundraising Representatives)

[ ADDITIONAL ]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Minnesota Senate Victory 2008

(b) Address (number and street) 4190 Vinewood Lane #111-554

(c) City, State and ZIP Code

Minneapolis

55442

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Senate Challengers Fund

(b) Address (number and street) 426 C St. NE - Rear Bldg.

(c) City, State and ZIP Code

Washington

20002

### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filled with the principal campaign committee.

(a) Name of Committee (in full)

Franken Recount Fund

(b) Address (number and street) 4190 Vinewood Lane, #111-554

(c) City, State and ZIP Code

Minneapolis

55442

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SECRETARY OF THE SENATE
08 DEC 31 AM 11: 19



Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washignton dC 20510-7556

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PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: {202} 224-0322

## United States Senate

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